



301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

ACT High School Code Number

Date _____

Test Accommodations Coordinator Header

(For 2007 ACT State Testing)

ACT-Approved Accommodations – Receipt Deadline: December 1, 2006*

State-Allowed Accommodations – Receipt Deadline: January 10, 2007*

This envelope contains _____ completed request forms for state testing accommodations from: _____ (Quantity)

(Name of high school)

(Phone number including area code)

(Shipping address, No PO Box Number)

(Fax number including area code)

(City & State)

(ZIP code)

Test Accommodations Coordinator: *(This form must be signed by the **same** individual who signed the 2007 Test Accommodations Coordinator Agreement on file at ACT.)*

Name and Title

Signature

Date

Review the following instructions/checklist prior to sending completed state testing accommodations request forms to ACT:

- ✓ All information has been completed on each request form.
- ✓ All required documentation to support each request for ACT-approved accommodations has been included.
- ✓ The student/parent and school official have signed and dated the test accommodations request form.
- ✓ This header **must** accompany each group of completed request forms returned to ACT.

***Submit request forms by the appropriate receipt deadline above to:**

ACT State Test Accommodations - MI
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

(This document may be photocopied)